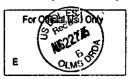
U.S. Department of Labor Office of Labor-Nanagement Standar is Washington, CC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 88-257, as americed. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 10450

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and acdress of person filing.	4. Name, file number, and acdress of labor organization.
Name Richard J Lanigan	Name OPEIU INT'L. and OPEIU Local 153
	Labor Organization File Number 091-065 0 19065
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 11 Timber Lane	Street 265 West 14:1 Street
City Fort Salonga	City New York
State New York ZIP Code + 4 11768-2418	State New York ZIP Code + 4 10011-7179
5. Position in labor organization. VP/OPEIU Int'l Sec.Treas.,	/153
Enter appropriate data below if, during the past fiscal year, you or your spo	ouse or minor child directly or indirectly had any of the following interests
	usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of
<u> </u>	ton represents or is activery seeking to represent.
	7.a. Nature of Interest, Transaction, or Income.
	
Name and address of Employer (Including trade name, if any). Name	
Name and eddress of Employer (Including trade name, if any). Name Trade Name, if any:	
Name and address of Employer (Including trade name, if any). Name	7.a. Nature of Interest, Transaction, or Income.
B. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	
Name and address of Employer (Including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
B. Name and eddress of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
B. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
B. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest. Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
8. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (Including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the see	7.a. Nature of Interest. Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)
8. Name and address of Employer (Including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (Including the information contained in any accompany)	7.a. Nature of Interest. Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable panalties of the law, that all of the information ying documents), has been exar ined by the signatory and is, to the best of the

Name of Person Filing Richard Lanigan	· , , , · ·	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, celling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Schwarzwald & McNair LLP	(S-Z)			
Trade Name, if any:	a. Labor Organiza	eticn .		
P.O. Box, Bidg. Room No., if any [616 Penton Media Bldg.	c. Employer			
Street 1300 E. Ninth Street				
City Cleve: and				
State Ohio ZIP Code + 4 44114-1503				
10. If 9.b. or 9.c is checked give trust or employers name.	11.a. Nature of such dea'	•		
Name	OPEIU General Cour	wel		
Trade Name, if any:				
P.O. Box, Bldg., Room No., If any			·	
Street	11.b. Approximate dollar val	ra of euch dealing	\$605,000	
City	12.a. Nature of interest ha		7403,000	
State ZIP Code + 4	Holiday season ma.	itio - \$80	·	
	İ			
	12.b. Amount.		\$80	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		,		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	•		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State ZIP Code + 4				
13.b. is the Bus ness an Employer or Consultant?	14.b. Amount of payment.			

Name of Person Filling Richard	 File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Pryor Cashman Sherman Flynn LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any 11th Floor Street 410 Park Avenue City New York State New York ZIP Code + 4 10022-5522	a. Labor Orger ization b. Trust c. Employer
	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name Name	OPBIU Local 153 35 cial Counsel and Lobbyist
P.O. Box, Bidg., Room No., if any Street City	
State ZIP Code + 4	11.b. Approximate dollar vilue of such dealing. \$10,130
	12.a. Nature of interest hold or income received. Holiday Food Basitet - \$147
	12.b. Amount. \$147

Name of Persor Filing Richard Lanigan	File Number U-
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8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name O'Donnell, Schwartz, Glanstein & Lilly	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 245 Hillside Avenue	c. Employer	
City Williston Park		
State New York ZIP Code + 4 11596-2213		
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dos ing.	
Name	OPEIU Local 153 Counsel	
Trade Name, if any:		
Trade Natio, it only.		
P.O. Box, Bldg., Room No., if any		
Street		
City		
	·	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$163,000
	12.a. Nature of interest haid or income received.	
	Tickets to three baseball games - per ticket - \$720	12 tickets at \$60
	12.b. Amount.	\$720

Name of Persor Filing Richard Lanigan	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Pimco c/o Oppenheimer Capital	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 1345 Avenue of the Americas	c. Employer	
City New York		
State New York ZIP Code + 4 10105-4800		
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such doz ling.	
Name OPRIJ Pension Fund	Investment Managur	
Trade Name, if any: P.O. Box, Bidg., Room No., if any Suite 801 Street 1660 L Street, N.W. City Washington		Í
State District of Columbia ZIP Code + 4 20036-5637	11.b. Approximate dollar value of such dealing.	\$100,000
	12.a. Nature of interest held or income received.	
	Meal - \$64	
	12.b. Amount	\$64

Name of Person Filing Richard Lanigan	File Number U-
<u> </u>	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Schwarzwald & McNair LLP	a. Labor Orgenization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any 616 Penton Media Bldg.	b. Trust
Street 1300 E. Ninth Street	c. Employer
City Cleveland	
State Ohio ZIP Code + 4 44114-1503	
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such doe ing.
Name OPELJ Local 153 Pension, Welfare & LTD	Counsel
Trade Name, if any:	
P.O. Box, Bld(j., Room No., if any	
Street 265 West 14th Street	
City New York	
State New York ZIP Code + 4 10011-7179	11.b. Approximate dollar vnle of such dealing. \$16,250
	12.a. Nature of interest held or income received.
	See 12.a. on Page 2
	12.b. Amount.

Name of Person Filling Richard Lanigan	File Number U-	

		9. Business deals with:	
8. Name and address of Busines		C. Sasinos acas mai.	
Name O'Donnell, Schwar	rtz, Glanstein & Lilly	a. Labor Organization	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	у	b. Trust	
Street 245 Hillside Aver	aue	c. Employer	
City Williston Park			
State New York	ZIP Code + 4 11596-2213		
10. If 9.b. or 9.c is checked give to	ust or employer s name.	11.a. Nature of such doc ing.	-
Name OPEIJ Local 153 1	Pension Fund	OPEIU Local 153 Counsel	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	,		
Street 265 West 14th Str	reet		
City New York	 -	<u> </u>	
State New York	ZIP Code + 4 10011-7179	11.b. Approximate dollar write of such dealing.	\$50,000
		12.a. Nature of interest heat or income received.	
		See 12.a. on Page 4	
			ŀ
		12.b. Amount.	

	
Name of Dames Elling at 1 and 1	File Number U-
Name of Person Filing Richard Lanigan	File Number 0-

8. Name and address of Busines	ss (including trade name, if any).	9. Business deals with:	
Name Pryor Cashman Sho	erman Flyna LLP	 	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if an	y 11th Floor	b. Trust	
Street 410 Park Avenue		c. Employer	
City New York			
State New York	ZIP Code + 4 10022-5522		
10. If 9.b. or 9.c is checked give to	ust or employers name.	11.a. Nature of such desing.	
Name		OPEIU Special Communel and Lobbyist	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	, [
State	ZIP Cods + 4	11.b. Approximate deliar value of such dealing.	\$30,000
		12.a. Nature of interest haid or income received.	
		See 12.a. on Pagu 3	
		12.b. Amount.	j

Richard J. Lanigan

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To Whom It May Concern:

After reading through the rules published on your website as well as seeking guidance from a number of other sources, it is still unclear as to how individuals who have more than one title with a labor organization, e.g., International Vica President and Local Union officer, as well as service providers who have more than one relationship with a labor organization, e.g., counsel to the labor organization and counsel to its ERISA benefit funds, should file showing these relationships. Additionally, there is only one space for the labor organization file number.

Hav ng said that I have submitted my LM 30 form and have used more than one form where the service provider has more than one relationship with the union. I did not, however, submit a second filing for my status as an International Union Vice President, nor did I provide the file number for our International Union.

If I am incorrect in my approach I would be happy to resubmit it in a format that complies with the Department's needs.

Thank you.

Very truly yours,

Richard J. Lanigad